

Empowering Legal Literacy among Emergency Physicians in Malaysia: Insights from the Inaugural Medical Law and Ethics Workshop on Medical Negligence

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Abstract

Medicolegal cases involving emergency physicians (EPs) in Malaysia are not uncommon, reflecting the increasing complexity of clinical practice and accountability in emergency care. In response, the Medical Law and Ethics Workshop was conducted to strengthen legal literacy among EPs. The workshop featured expert-led lectures, interactive case-based discussions, and small group sessions focusing on core topics such as medical negligence, consent, documentation, and the duty of care. This article presents the workshop's rationale, structure, and outcomes via a descriptive approach. Postworkshop evaluations, incorporating both quantitative and qualitative data, revealed significant positive responses in participants' self-assessed understanding of legal principles and confidence in handling medicolegal issues. The participants appreciated the relevance of the content, the interactive learning format, and the opportunity to engage with peers and legal experts. A few key lessons have been identified, and challenges have been discussed. Medicolegal risks in emergency medicine stem from high-stakes decision-making, time-critical interventions, and complex interdepartmental coordination. Addressing these challenges through improved systems and training can ultimately enhance patient safety.

Keywords: *medical negligence, emergency physician, legal literacy, patient safety*

INTRODUCTION

The reported number of medicolegal cases involving emergency department (ED) staff in Malaysia highlights a critical need for enhanced legal literacy among emergency physicians (EPs). The increasing complexity and urgency of emergency care heighten the legal risks tied to high-stakes clinical decisions. While patient stays in the ED are typically short, the unpredictability and severity of presentations significantly increase the risk of medical errors and adverse outcomes.^{1,2} These incidents can profoundly affect not only healthcare providers but also patients,

families, and the judicial system, leading to significant emotional, legal, and financial burdens.^{3,4}

Patient complaints often signal potential medical negligence and can arise when care falls short of expectations or the possibility of mistreatment.^{5,6} The nature of emergency care, characterised by fast-paced interactions, limited rapport-building, and rapid decisions, can increase the likelihood of dissatisfaction or perceived mismanagement. Specific populations, such as older adults and those from lower socioeconomic backgrounds, may be less likely to express their complaints formally.⁶ However, unexpressed dissatisfaction still poses risks,

particularly in an era where online platforms can amplify unresolved grievances and damage reputations.

Neglected concerns can escalate to legal action without prior warning, which may be more damaging. The lack of clear and safe ways for patients to express dissatisfaction further increases the likelihood that they will seek external legal advice. This unnoticed progression toward litigation highlights the need for a structured approach to handling patient complaints and improving physician awareness of the legal landscape.

To address these challenges, the 'Medical Law and Ethics Workshop: Understanding Medical Negligence Series 1/2025' was conducted as a one-day program on 26th April 2025 to empower EPs with foundational legal knowledge. Focusing on the principles of medical negligence, this initiative aims to strengthen clinical governance and improve patient safety. Content was delivered through a combination of expert-led lectures, interactive case-based discussions, and small group discussions. The participants engaged actively through question-and-answer sessions and scenario analyses designed to reinforce learning. A total of twelve EPs attended the inaugural workshop, representing six states across Malaysia, with participants from both public hospitals and academic institutions. The participants reflected a diverse range of seniority levels, encompassing both junior and senior physicians, contributing to rich peer-to-peer discussions and varied perspectives throughout the sessions.



Figure 1: Participants, speakers and panellists at the end of the workshop.

QUANTITATIVE FEEDBACK

The participants were asked to rate several aspects of the workshop on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The results are summarised below:

Table 1: Participant Ratings on Key Workshop Components

Workshop Evaluation Criteria	5/5 Ratings	4/5 Ratings	Mean Score
Improved understanding of medical law	10	2	4.83

Adequacy of time allocated for workshop content	8	4	4.67
Relevance of content to emergency medicine	12	0	5.00
Organisation and structure of the workshop	12	0	5.00
Value added by the afternoon discussion and panellists	12	0	5.00

There were significant positive responses in participants' self-assessed legal literacy and confidence in handling medicolegal issues.

QUALITATIVE FEEDBACK

All the respondents unanimously affirmed that the workshop content was highly relevant to the practice of emergency medicine. The participants noted the clarity of the presentations, the applicability of legal principles to real-world clinical scenarios, and the structured use of case-based discussions. The participants consistently expressed that every component of the workshop contributed to their learning, with one noting, *"The examples of precedent cases and real case discussions helped me understand how to apply medical law knowledge in practice."* The participants also advocated for future workshops to include more case law discussions and suggested extending the duration to allow deeper exploration of medicolegal topics. EPs also had a better understanding of legal principles relevant to their practice, including consent, documentation, and duty of care.

KEY LESSONS FROM THE WORKSHOP ON MEDICAL NEGLIGENCE

The workshop yielded nine key lessons derived from all its activities.

1. Prevention through Clinical Governance

Preventing medical negligence begins with strong clinical governance. This includes strict adherence to clinical guidelines, effective team communication, and meticulous medical documentation.⁷ These practices not only support high-quality care but also serve as protective measures in the event of legal scrutiny.

2. Understanding Legal Elements of Negligence

Participants learned the essential legal elements of a medical negligence claim: duty of care, breach of duty, harm, and causation.^{2,8} Recognising and understanding these elements helps EPs anticipate and avoid actions that may lead to legal claims.

3. Understanding the Legal Process

The workshop detailed the stages of a negligence claim—from initial filing to trial—and clarified the role of healthcare providers throughout the process. Physicians were encouraged to be aware of their legal rights and responsibilities, equipping them to respond appropriately if faced with litigation.

4. Learning from actual negligence cases related to ED

The participants examined recent court cases involving ED care to understand how medical negligence is evaluated in real-world scenarios⁹⁻¹². These case studies highlighted the complex interplay between clinical decision-making and legal accountability in high-pressure ED environments.

5. Critical Reflection on Clinical Decision-Making

The case reviews emphasised the importance of analysing initial patient presentations and the clinical judgements made under time constraints. This encouraged participants to reflect on how rapid decisions can have long-term legal implications, reinforcing the need for vigilance and sound clinical reasoning.¹³

6. Interpreting Judicial Reasoning and Outcomes

By studying how courts interpret medical evidence and apply legal principles, participants gained a deeper appreciation of how legal outcomes are determined. This understanding bridges the gap between medical practice and legal expectations, preparing physicians to respond more effectively to legal scrutiny.⁹⁻¹³

7. Prioritising clear and honest communication

Effective communication—both among healthcare teams and with patients and families—is central to patient safety and reducing medicolegal risk.^{6,13} Open, accurate, and compassionate dialogue helps prevent misunderstandings, strengthens trust, and can mitigate the likelihood of complaints or legal action.

8. Maintaining Professionalism in Interinstitutional Transfers

When transferring patients, especially in cases where negligence is suspected, communication must be sincere and institution-to-institution. Healthcare professionals should never use patients or their families as messengers, ensuring that professional standards and legal protections are upheld.

9. Handle Complaints Constructively and Systematically

Complaints, whether internal or public, should be approached with openness rather than defensiveness.⁷ Each complaint offers a chance for clinical review and system improvement. While

legal redress may be necessary in rare cases, the primary focus should remain on addressing root causes and strengthening care and supervision practices.

MEDICOLEGAL CHALLENGES IN EMERGENCY CARE

There are several systemic and operational challenges in delivering emergency and multidisciplinary care. A key issue pertains to the competency training and supervision of healthcare personnel, where the absence of specific timelines for skill acquisition necessitates sustained departmental efforts to enhance clinical competency. These include implementing privileging systems and broader institutional strategies aimed at continuous professional development.

In EDs, the delineation of responsibility between EPs and speciality teams is clarified. The ED assumes a supportive role upon formal transfer of care, with primary responsibility for ongoing management residing with the accepting speciality team. Referral protocols mandate timely patient stabilisation and comprehensive communication of risks to patients and their families. Refusals of referrals must be clearly justified and documented. In facilities with limited speciality services, adherence to the locally appropriate standard of care remains essential. Patient transfers and associated surcharges must be well substantiated and formally authorised.

Challenges also persist in managing noncitizen patients, primarily owing to inconsistencies in administrative directives and a lack of standardised implementation of surcharge policies. This highlights the need to communicate institutional policies and risks clearly to all stakeholders. In emergency situations where patients decline treatment, clinicians must ensure that decisions are informed, reversible, and supported by appropriate documentation, including disclosing material risks.

Expert witness testimony should adhere to established standards of care while accounting for contextual factors such as healthcare system constraints and the quality of interprofessional communication. Although emerging forms of evidence, including video recordings, may substantiate specific claims, their admissibility in legal proceedings remains limited. Furthermore, institutional policies governing the incorporation of such evidence into medical records are currently under development.

CONCLUSION

Medicolegal risks in emergency medicine arise from high-stakes decisions, time constraints, and complex interdepartmental coordination. Addressing these challenges requires robust clinical governance, clear delineation of responsibilities, effective communication, and meticulous documentation. Ensuring informed consent, appropriate referrals, and adherence to standard-of-care practices is essential. Organisational support, structured review processes, and proactive training can mitigate risks and enhance patient safety.

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